

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/20/2013
FORM APPROVED
OMB NO. 0938-0391

45th 12/29/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445292	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER BEECH TREE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 240 HOSPITAL LANE, PO BOX 300 JELICO, TN 37762		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS During the annual Re-Certification survey and investigation of complaint numbers 32815, 32506, 31885, conducted on November 12-14, 2013, at Beech Tree Manor, no deficiencies were cited in relation to the complaints under 42 CFR PART 483.13, Requirements for Long Term Care.	F 000			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of falls investigations, and interview the facility failed to	F 280	F-280 (1.) No residents are or were affected by this care plan update oversight. The Director of Nursing reviewed all fall incidents for the past ninety (90) days for all residents. All interventions were reviewed and all had been updated to the respective resident care plans. The intervention of "toileting program increased to one hour..." for resident # 40 was being followed by Nursing Assistants, although it had not been updated to the care plan. The Director of Nursing, on the fly, had communicated with the Nursing Assistants about the change in the frequency of bathroom checks, and simply through oversight, didn't update the care plan per facility usual protocol. The Director of Nursing also asked the Nursing Assistants to share the change with their counterparts during walking rounds at shift change. (2.) Multiple in-services were held on November 21 and 22, 2013 relating to updating care plans. All licensed nurses were required to attend. The nurses were reminded to update care plans for any and all incident intervention additions, deletions, or enhancements for residents on their respective units. For a period of ninety (90) days, the Director of Nursing or her designee will monitor compliance by completing a 5% sample	11/22/2013	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

11/25/2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	<p>Continued From page 1</p> <p>revise a care plan after a fall for one resident (#40) of thirty-two residents reviewed.</p> <p>The findings included:</p> <p>Resident #40 was admitted to the facility on January 26, 2007, with diagnoses including Paranoid Schizophrenia, Legal Blindness, Diabetes, and Debility.</p> <p>Medical record review of the Annual Minimum Data Set dated October 15, 2013, revealed the resident had short and long term memory deficits with severe cognitive impairment. Continued review revealed the resident required extensive assistance with transfers and toileting and limited assistance with ambulation (walking) in the resident's room and corridor.</p> <p>Medical record review of the bladder assessment dated October 15, 2013, revealed the resident required scheduled toileting to maintain continence.</p> <p>Medical record review of the care plan dated October 25, 2013, revealed the resident had been assessed as "at risk for falls r/t (related to) vision and hearing impairment" and required every two hour scheduled toileting to maintain bladder continence.</p> <p>Review of the facility's falls investigation dated November 9, 2013, revealed the resident was observed lying on the floor beside the roommate's bed, and was wet with urine.</p> <p>Review of the facility's post fall documentation for additional corrective and preventative measures taken to reduce the risk of recurrent falls dated</p>	F 280	<p>audit each week. Following this ninety (90) day period, the Director of Nursing or her designee will assure compliance via random audits in non-specific time periods.</p> <p>(3.) All licensed nurses were reminded, through in-service programming, to update each resident care plan for any change in a care intervention or practice. Nurses will be periodically reminded through in-servicing of the importance of updating the care plan after completing their resident incident occurrence documentation. The Director of Nursing or her designee will randomly check care plans for appropriate updates as well as all nurses have the responsibility to check each other for assurance that all documentation is complete and correct.</p> <p>(4.) Through in-servicing and continued monitoring by the Director of Nursing or her designee, nurses are reminded to update the resident care plan if there is a change in any care intervention or protocol.</p>		

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F 280	Continued From page 2 November 11, 2013, revealed, "...Toileting Program increased to every hour..." Interview on November 14, 2013, at 11:00 a.m., with Licensed Practical Nurse (LPN) #1 at the 200 hall nurse's station, confirmed LPN #1 was not aware the resident's frequency of toileting had been increased to every hour. Interview with the Director of Nursing on November 14, 2013, at 11:05 a.m., at the 200 hall nurse's station, confirmed the resident's care plan had not been revised to include the new intervention for toileting the resident every hour.	F 280			
F 494 SS=C	483.75(e)(2)-(3) NURSE AIDE WORK > 4 MO - TRAINING/COMPETENCY A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services; and that individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §§483.151-483.154 of this part; or that individual has been deemed or determined competent as provided in §483.150(a) and (b). A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (e)(2)(i) and (ii) of this section. Nurse aides do not include those individuals who furnish services to residents only as paid feeding assistants as defined in §488.301 of this chapter.	F 494	F-494 (1.) No residents are or were affected by the facility charging nurse aide students a fee for their class book. The facility mailed a letter of apology along with a check in full refund to each nurse aide student for the purchase of their book for their nurse aide class. The letter and check were mailed to each student on Thursday, November 14, 2013. Please reference the attached letter sample and check copy sample which was mailed to each nurse aide student who had paid for their book. (2.) Any future nurse aide training classes provided by the facility instructor will not include any fees for any portion of the class.	11/14/2013	

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Continued From page 3

This REQUIREMENT is not met as evidenced by:
Based on review of the CFR Title 42, Volume 3, PART 483 Requirements for States and Long Term Care Facilities (Nurse Aide Training Programs), review of the facility Nurse Aide Training Program, and interview, the facility failed to ensure no nurse aide was charged for any portion of the program.

The findings included:

Review of the Requirements for States and Long Term Care (LTC) Nurse Aide Training Requirements revealed, "...Sec. 483.152(c) Prohibition of charges. (1) No nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program..."

Interview with Certified Nursing Aide (CNA) #1 on November 12, 2013, at 2:30 p.m., in the facility's lobby, revealed CNA #1 had to pay for the book for the class taken October 14, 2013 through October 25, 2013. (Most recent class.)

Interview with Staff Development Coordinator (CNA program coordinator) on November 12, 2013, at 2:40 p.m., in the conference room, confirmed the facility charged the students for the materials for the Nurse Aide Training Program.

F 494

(3.) The facility will not charge any fee for any portion of the nurse aide classes provided at the facility. The facility, in reality, hires these students and begins paying them from the first day of class. It is the intent, and to date the good fortune, of the facility to permanently hire all those students who successfully complete the training course.

(4.) The facility nurse aide instructor is aware of the regulations precluding any nurse aide student being charged for any portion of their nurse aide class program. The facility will not charge any nurse aide student for any portion of their class. The Administrator or Director of Nursing will monitor each class to assure compliance.

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F 494	Continued From page 4 Interview with the Administrator on November 14, 2013, at 2:00 p.m., in the administrator's office, confirmed the facility charged for the books for the class due to the expense of the materials.	F 494			

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